

Attachment A: Current Scope of Work for SPOE Services

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SUMMARY

First Steps is Indiana's early intervention system under Part C of the federal Individuals with Disabilities Education Act (IDEA) (see <http://idea.ed.gov/part-c/search/new.html> and <http://ectacenter.org/partc/partc.asp> for more information). Part C of IDEA requires each State to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system that provides early intervention services for infants and toddlers with disabilities and their families in order to:

- Enhance the development of infants and toddlers with disabilities and minimize their potential for developmental delay;
- Enhance the capacity of families to meet the needs of their infants and toddlers; and
- Maximize the potential for individuals with disabilities to live independently in society

The vision of First Steps is that all infants and toddlers have the right to live, love, play, learn, and participate in their communities. First Steps' mission is to ensure that all Indiana families with infants and toddlers with disabilities or developmental delays have access to early intervention services that are based, to the greatest extent practicable, on best practice in early intervention. Indiana's First Steps early intervention services:

- Promote optimal development for infants and toddlers with disabilities and developmental delays to support their lifelong success;
- Support families to promote their children's development; and
- Are individualized and designed to meet the needs of infants and toddlers and their families.

Indiana utilizes federal funding provided under Part C to enhance the state's capacity to identify, evaluate, and meet the needs of infants and toddlers with disabilities and their families. As part of Indiana's commitment to a family-centered and community-based system of services, the state has established a network of regional system points of entry (SPOE) and local planning and coordinating councils (LPCC).

Together, System Points of Entry (SPOE) and Local Planning and Coordinating Councils (LPCC) provide and conduct the following services and activities pursuant to federal and state Part C regulations:

- Public awareness and child find (34 CFR 303.301 and 303.302)
- Referrals and intake (34 CFR 303.303 and 303.310)
- Evaluation of children and assessment of children and families (34 CFR 303.321 and 303.322)
- Individualized family service plan (IFSP) development, review, and evaluation (34 CFR 303.340 and 303.342 through 303.345)
- Service coordination (34 CFR 303.34)
- Children's transition to preschool or other programs (34 CFR 303.209)
- Data collection to support the division's monitoring and reporting requirements under Part C, subpart H

SYSTEM POINT OF ENTRY (SPOE) REQUIREMENTS

OVERVIEW

Each SPOE serves as a single, regional coordinating entity for families receiving services and support through First Steps. Each SPOE is responsible for:

- Ensuring that all children and their families referred to First Steps receive a timely response
- Coordinating and conducting intake activities following the referral of a child to First Steps
- Developing and maintaining an early intervention record for each child and family referred to First Steps
- Conducting evaluation and assessment activities in order to determine eligibility and/or to collect the information needed to plan or complete an individualized family service plan (IFSP)
- Conducting family assessments
- Facilitating all activities related to each eligible child's individualized family service plan (IFSP), including 6-month review and annual evaluation
- Providing all service coordination for children and families in First Steps
- Completing internal quality review activities, including early intervention record audits
- Ensuring that timely transition planning is conducted for each child enrolled in First Steps as they prepare to transition out of First Steps into preschool or another program
- Obtaining parental consent for activities as required under Part C
- Informing families of their rights and procedural safeguards under Part C
- Maintaining compliance with the Family Educational Rights and Privacy Act (FERPA) and the Healthy Insurance Portability and Accountability Act (HIPAA) and keeping all records and information confidential and safeguarding it against any breach of personally identifiable information (PII) or protected health information (PHI), including through the use of encryption when emailing sensitive information
- Engaging with families and carrying out all duties in a manner that is family-centered, equitable, consistent, culturally sensitive, and respectful; including by conducting all activities in the family's native language to the extent practicable
- Conducting all activities in accordance with State policy and federal regulation and within the required timelines, including by utilizing State-approved forms and data entry tools

REFERRAL AND INTAKE

- Maintain technology to support the referral process, which includes but is not limited to phone, fax, email, and web technology
- Receive referrals (verbally, in writing, and/or electronically)
- Store referrals electronically
- Track primary referral sources for all children referred to the program
- Respond to all referrals within two (2) business days of receipt
- Establish the early intervention record and electronic record within four (4) calendar days of receipt of referral
- Ensure that each child and family referred has a single intake or service coordinator assigned to them and their child
- Communicate with the referral source and referred parties about the intake process
- Document in the early intervention record any and all attempts to contact a referred family
- Conduct an in-person intake meeting with the family and conduct follow up as needed. Required components include but are not limited to:
 - Conducting a comprehensive interview to determine the family's area(s) of concern regarding their child's development
 - Obtaining written consent to proceed with the eligibility and assessment process
 - Collecting family cost participation and insurance information including but not limited three

- (3) consecutive paystubs, most recent tax return information, copy of insurance card, and signed cost participation form, as well as any information regarding non-earned income (for example, social security disability income) as applicable
- Explaining the program requirements and expectations for active family participation in services
- Informing parents of their rights and procedural safeguards under Part C
- Providing families with resource information regarding other programs for which the family or child may be eligible and assisting families, as applicable, with applying for these programs
- Ensure data entry is accurately completed within five (5) business days of receipt or notification of applicable child record updates
- Ensure SPOE policies and procedures align with LPCC memoranda of agreement (MOAs) with local referring agencies
- Collaborate with the following partners:
 - Indiana Department of Child Services (DCS). Collaborate with DCS to ensure referrals for children involved in substantiated cases of abuse and/or neglect or who have been exposed to illegal substances.
 - Indiana Department of Education (IDOE). Collaborate with IDOE to establish processes or mechanisms through a cooperative agreement to coordinate evaluation activities with local education agencies (LEAs) to facilitate completion of a multidisciplinary evaluation for those children referred to First Steps at 32 months of age or later. Agreements must be developed in consideration of:
 - First Steps' 45 day timeline and eligibility requirements
 - Continued service provision of early intervention services by First Steps through age two (2)
 - Supporting IDOE's transition requirement to have an IEP in place by the child's third birthday
 - Alignment with State-level efforts supporting First Steps to IDOE transition collaboration, including the Transition MOU
 - Regular reporting to State staff on progress toward this requirement, no less than quarterly
 - IDOE's eligibility requirements for Part B Special Education services
- Offer a developmental screening for each child listed on the monthly report provided by the Department of Child Services (DCS)
- Follow federal Part C screening procedures when conducting developmental screenings

INITIAL EVALUATION AND ASSESSMENT

The SPOE must ensure a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler referred to the program (34 CFR 303.113 (a)(1)). Evaluation means the procedures used by qualified personnel to determine a child's initial and continuing eligibility (34 CFR 303.321 (a)(2)(i)). In First Steps, a single tool is utilized for both evaluation and assessment purposes. Assessment means the ongoing procedures used by qualified personnel to identify a child's unique strengths and needs and the early intervention services appropriate to meet those needs, and initial assessment refers to the assessment of the child and the family assessment conducted prior to the child's first IFSP meeting (34 CFR 303.303.321 (a)(2)(ii) and (iii)). For each child under three years of age referred to the First Steps program, SPOEs must ensure that the child receives an initial evaluation and assessment in accordance with State policy. Please note that some children may be determined eligible based on a medical diagnosis (34 CFR 303.321 (a)(3)(i)) and that there are specific procedural requirements pertaining to this

process. In such cases, the SPOE will still be required to conduct an initial assessment to assist with the development of the initial IFSP which must be developed within 45 days of an eligible child's referral to the program. Additionally, there are specific requirements for children 30 months or older who are referred to First Steps. Comprehensive State policy regarding referral, intake, evaluation/assessment, and the IFSP can be found in the Assessment Team Manual Parts 1 and 2 and in subsequent State-issued memos providing policy clarification.

- Gather the child's medical and other records when applicable and to the greatest extent possible to support the eligibility determination process. Relevant records include but are not limited to, for example, a physician's summary, NICU assessment, specialist reports (for example an audiological report), Child and Adolescent Needs and Strengths (CANS) assessment, etc.
- Facilitate timely communication with the child's primary care physician to assist in the eligibility determination and IFSP service planning, as the physician is considered part of the IFSP team in all cases except when the family does not have a primary care physician for the child for cultural or religious reasons
- Maintain a fully functional, multidisciplinary evaluation/assessment team for the region and ensure timely eligibility determination and child assessment for all children referred to the program
- Ensure collaboration between the evaluation/assessment team and intake/service coordinator
- Ensure that the evaluation/assessment team reviews the relevant records and the results of the child's evaluation/assessment with the intake/service coordinator and parent(s)
- For children found ineligible for First Steps services, provide prior written notice to inform the family of the determination and include information on the family's right to dispute the eligibility determination through the State's dispute resolution options
- For all eligible children, ensure that all information regarding the initial evaluation/assessment and eligibility determination is shared with the IFSP team prior to arranging the initial IFSP meeting

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

- Provide each eligible child with a single ongoing service coordinator
- Assist the family in selecting an available service provider agency for identified IFSP services
- Send referral information to service provider agencies and conduct follow up in a timely manner to help ensure that services on the IFSP are delivered within the required timeline (30 calendar days from parent signature on initial IFSP and 30 days from IFSP date for annual IFSPs)
- Ensure that each family understands the IFSP process, is familiar with the IFSP format, and is well prepared as an equal and contributing participant of the IFSP team for the scheduled meetings to ensure IFSP outcomes are specific, family-centered, and family-driven
- Obtain consent to bill a family's insurance (if applicable) prior to delivery of any services on the IFSP and inform families that they have the right to opt out of First Steps billing their insurance
- Implement all IFSPs within the required timelines, including an initial IFSP developed for each eligible child within forty-five (45) calendar days of referral; six-month IFSP reviews; and annual IFSP evaluations
- Provide documentation/rationale, as requested, for instances wherein the initial IFSP was implemented after forty-five (45) days
- Complete the Family Assessment Tool with the family of each eligible child at the initial IFSP meeting and inform families that completing the tool is voluntary
- Ensure that each child with an IFSP receives an annual evaluation/assessment from the evaluation/assessment team
- Ensure that all infants and toddlers with an IFSP primarily receive early intervention services in home or community-based settings. In the event that EI services are not provided in natural environments, the identification of the appropriate setting for services must be an individualized decision made by the IFSP team (which includes the family) that is based on the child's unique needs, family routines, and developmental outcomes. Ensure that, in the event that EI services are not provided in a natural

- environment, justification is provided in the IFSP
- Establish and implement strategies to enhance child and family outcomes

SPECIFIC REQUIREMENTS FOR SERVICE COORDINATION

- Inform families of their rights and procedural safeguards under Part C
- Meet with families for a face-to-face contact at a minimum of every six months or more often, as needed by family, and establish individualized communication plans for each family to ensure that families are contacted regularly, including in periods between IFSP reviews, based on the needs and preferences of each family
- Ensure IFSP outcomes written on the plan are specific, measurable, family-centered, and family-driven
- Coordinate IFSP team communication and work to increase whole team collaboration

TRANSITION TO PRESCHOOL OR OTHER PROGRAMS

- Ensure that every child enrolled in First Steps will have a completed transition packet, along with a transition meeting
- Ensure each IFSP contains a completed transition page that includes transition steps and services and input from the family
- Initiate transition activities for children referred to First Steps at thirty (30) months of age or older and convene a transition meeting in conjunction with the initial IFSP meeting
- Disseminate electronically the Part B child find activity information monthly per State instruction
- Ensure SPOE policies and procedures align with the State's transition MOU and any LPCC memoranda of agreement (MOA) regarding transition
- Work with the LPCC to identify transition training needs
- Ensure that at least one (1) SPOE staff member participates on the regional transition committee

COLLABORATION

- Identify community resources and engage in ongoing communication with families, EI providers, SPOE staff, LPCC members, referral sources, and key community partners
- Ensure that at least one (1) SPOE representative participates in LPCC meetings
- Ensure that at least one (1) SPOE representative participates in EI provider meetings
- Develop policies and procedures for working with provider agencies, including but not limited to how providers are offered to families and internal protocol for SPOE processes when an agency doesn't have a provider available
- Ensure service coordinators are trained on available community resources and transition options at least once per year
- Ensure at least one (1) SPOE representative attends State Interagency Coordinating Council (ICC) meetings
- Participate in ICC workgroups and other committees/groups relevant to early intervention and the broader early childhood and family support system

SPOE OPERATIONS AND STAFFING

- Maintain an ADA compliant office that is available to the general public at least five (5) days per week, fifty-two (52) weeks per year during normal business hours with the exception of holidays
- Indicate SPOE office hours of operation on the phone system and post them in the office and online
- Maintain satellite office(s) as needed
- Support ongoing communication among early intervention professionals, families, and the First Steps State office

- Address concerns received by the SPOE within 60 calendar days of receipt
- Forward complaints to the First Steps State office within two (2) business days
- Ensure that, in accordance with the First Steps Early Intervention Personnel, SPOE staff:
 - adhere to the Professional Conduct Guidelines
 - meet all early intervention credentialing requirements
- Ensure that all intake and service coordinators (or blended intake/service coordinators) receive direct programmatic supervision from a SPOE or service coordination supervisor in accordance with the First Steps Early Intervention Personnel Guide
- Ensure that SPOE staff have working knowledge of the First Steps system, system policy, and all state and federal regulations governing the Part C program. This includes but is not limited to regulations and policies under the following categories:
 - Due process and procedural safeguards
 - Referral to First Steps
 - Evaluation and assessment
 - Service coordination
 - Individualized family service plan (IFSP) development, review, and evaluation
 - Transition from Part C to preschool or other programs
 - Data collection and monitoring
- SPOE staff must be knowledgeable of State and local programs and resources including but not limited to the following programs: Medicaid, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Child Care and Development Fund (CCDF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Head Start and Early Head Start, and Community Partners for Child Safety
- Develop and implement training requirements for all staff in accordance with the First Steps Early Intervention Personnel Guide, including by supporting staff to develop and work towards individualized professional development plans
- Ensure that staff's professional development plans address best practices for writing IFSP outcomes
- Notify the IFSP team and First Steps Provider Enrollment when a service coordinator is no longer employed with the SPOE
- Review service coordinator caseloads on a regular basis to ensure manageability and alignment with best practice

EARLY INTERVENTION RECORDS AND DATA ENTRY

- Maintain all early intervention records and electronic files in a single and secure location
- Maintain original files for all children that contain documentation, including the AEPS, to support the eligibility determination as determined by a multidisciplinary evaluation in accordance with State eligibility guidelines
- Ensure accurate data entry within five (5) business days of the receipt of applicable documentation and keep all supporting documentation within the child's early intervention file to support data entry
- Generate timely and accurate authorizations in the case management database for all assessments/evaluations and submit claims for reimbursement to the Central Reimbursement Office (CRO)
- Generate timely and accurate authorizations for all services written on an IFSP in the case management database
- Maintain ongoing service documentation including family notifications, IFSP reviews/evaluations and new IFSPs, progress reports, releases to share information, service coordination notes, and all IFSP team correspondence
- Establish family cost participation responsibility utilizing First Steps cost participation procedures and sliding fee scale

- Maintain in the child's early intervention file the documentation needed to verify family income and insurance and ensure that this information is reviewed annually at a minimum and as changes occur
- Follow HIPAA standards when transmitting data electronically to health care and insurance providers, including claims, payment and remittance advice, premium payments, claim status, referral certification and authorization, and coordination of benefits
- Report data entry errors that require State assistance to the First Steps State office within seven (7) calendar days
- Ensure accurate and timely data entry and record-keeping, including maintaining comprehensive child records in accordance with State policy and federal regulations. This includes maintaining all records in a manner compliant with FERPA and that safeguards against any potential breach of personally identifiable information (PII)

QUALITY ASSURANCE

- Participate in and conduct quality review and quality improvement activities as required in the Quality Review Procedure Manual
- Collaborate with the State First Steps office and designated quality review teams to address any areas in need of technical assistance and support
- Provide assistance to First Steps families and the State First Steps office in addressing issues related to family cost participation
- Communicate and collaborate with the State First Steps office and other entities involved in quality improvement activities

LOCAL PLANNING AND COORDINATING COUNCIL (LPCC) REQUIREMENTS

OVERVIEW

Each LPCC serves to advise and assist its SPOE, the First Steps State office, and the State Interagency Coordinating Council (ICC) in their respective duties under part C. The LPCC is responsible for establishing, maintaining, and enhancing where possible communication and collaboration among regional early intervention stakeholders. The LPCC convenes these regional early intervention stakeholders, including public and private early intervention service providers, to analyze data, identify issues, and recommend strategies for improvement in service delivery, taking a role in the implementation of solutions as requested by the SPOE, First Steps State office, or ICC. Additionally, for its respective region, each LPCC oversees public awareness and conducts child find activities designed to increase the number of infants and toddlers receiving early intervention services through First Steps.

CHILD FIND AND PUBLIC AWARENESS

- Review and analyze referral data to identify strategies for continuous quality improvement
- Ensure referral sources are represented on the LPCC
- Conduct informational activities throughout the region that describe the First Steps eligibility guidelines and referral procedures. Early care and education programs (child care), physician's offices, social service agencies, and other community agencies must be contacted on an ongoing basis
- Establish and maintain memoranda of agreement (MOAs) with local referring agencies
- Maintain a website for the cluster that is accessible, accurate, and up-to-date and includes, at a minimum, information on the availability of early intervention services and how to refer a child under the age of three for an evaluation for early intervention services

IFSP AND SERVICE DELIVERY

- Review and analyze data related to IFSP implementation (including timelines and natural environments) and identify strategies for continuous quality improvement
- Review and analyze data related to provider recruitment and availability and identify recommendations for continuous quality improvement
- Convene all local early intervention service providers at least quarterly

TRANSITION TO PRESCHOOL AND OTHER PROGRAMS

- Establish and maintain memoranda of agreement (MOAs) with all special education planning districts and Head Start and Early Head Start entities in the region
- Establish and maintain a regional transition committee comprised of families, providers, service coordinators, and representatives from all local education agencies (LEAs) and Head Start and Early Head Start agencies
- Review and analyze cluster transition data and identify strategies for continuous quality improvement
- Develop and deliver transition trainings to SPOE staff, LPCC members, families, and other community partners as necessary but at a minimum semi-annually

LPCC OPERATIONS AND STAFFING

- Ensure that the LPCC has at least one designated, coordinator or director that will be responsible for facilitating the council, supporting council operations, and ensuring compliance with LPCC contractual obligations
- Ensure that the LPCC designates a chairperson or co-chairpersons in accordance with LPCC by-laws and that no chairperson is also the designated LPCC coordinator/director
- Convene the LPCC at least quarterly
- Ensure that LPCC membership includes, at a minimum:
 - Two (2) parents or family members of children with disabilities under the age of 12;
 - One (1) health or medical representative;
 - One (1) educational representative;
 - One (1) social services representative;
 - One (1) representative from each of the agencies providing early intervention services for First Steps in the region;
 - One (1) Head start and/or Early Head Start representative;
 - One (1) early care and education (child care) representative; and
 - One (1) local representative from the Department of Child Services
- Identify community resources and engage in ongoing communication with families, EI providers, SPOE staff, LPCC members, referral sources, and other key community partners
- Collaborate with DCS around screening referrals for children involved in cases of substantiated abuse and/or neglect and/or children who have been exposed to illegal substances
- Develop and adhere to LPCC by-laws that address, at a minimum, policies and procedures for conflict resolution, conflicts of interest, membership and voting requirements, and a confidentiality clause prohibiting the use/discussion of personally identifiable information (PII)
- Develop procedures for informing families about the LPCC and inviting them to attend
- Develop and implement a plan to ensure council representation reflects the population of the region, including by ensuring representation from all counties and key stakeholders
- Ensure at least one (1) LPCC representative attends State Interagency Coordinating Council meetings.
- Participate in ICC workgroups and other committees/groups relevant to early intervention and the broader early childhood and family support system

- Ensure that LPCC staff have knowledge of the First Steps system, First Steps policy, and federal regulations governing the Part C program.
- Ensure all LPCC staff adhere to the professional conduct guidelines as outlined in the First Steps Early Intervention Personnel Guide
- Collaborate with the First Steps State office and Quality Review teams to address any areas in need of technical assistance and support
- Document the proceedings of all LPCC meetings and regional transition committee meetings
- Maintain up-to-date rosters for the LPCC
- Maintain up-to-date list of child find and regional outreach activities
- Maintain all training and presentation files
- Address concerns received by the LPCC within 60 days of receipt
- Forward complaints to the State office within two (2) business days

SPOE AND LPCC METRICS

The primary statutory monitoring focus of IDEA Part C is around improving early intervention results and functional outcomes for infants and toddlers with disabilities or developmental delays. The State Performance Plan/Annual Performance Report (SPP/APR) measures states' results and compliance with Part C. The SPP/APR is intended to be one comprehensive improvement plan focused on analyzing the current system and redesigning it as necessary to improve results.

As the lead agency for IDEA Part C in Indiana, the First Steps State office is required to have an SPP in place to evaluate the state's implementation of Part C and describe how the lead agency will improve such implementation. In accordance with 20 U.S.C. 1416(b)(2)(C)(ii), the lead agency must also report annually to the public on the performance of each of its early intervention service (EIS) programs according to the targets identified in its SPP. EIS programs include any entity or individual providing services under Part C in the state.

The First Steps State office reports annually to the federal Office of Special Education Programs (OSEP) regarding overall state and EIS program performance according to Indiana's SPP targets. This report is called the Part C Annual Performance Report (APR).

The following SPP indicators are used to measure SPOE and LPCC performance.

- Percent of children served under the age of 1
- Percent served of the region's total infant/toddler population
- The population served will be comparable to the demographics of the region
- 100 percent of eligible infants and toddlers with IFSPs (with evaluation, assessment, and initial IFSP) within 45 day timeline
- 95 percent of infants and toddlers with IFSPs primarily receiving EI services in home or community-based settings
- 100 percent of IFSPs written prior to expiration
- 100 percent timely six-month IFSP review
- 100 percent 10-day written notice to families
- 100 percent of toddlers exiting First Steps with timely transition planning for whom the SPOE (a) developed IFSP with transition steps, (b) notified the LEA of toddler's potential eligibility for Part B, and (c) conducted transition conference